



Facility Name	Facility Owner's Name	
Property Location/Address	City, State, Zip Code	
Contact Person	Phone Number	
Mailing Address	City, State, Zip Code	

☐ Behavioral Health ☐ Child Day Care

☐ Assisted Living for the Elderly ☐ Group Home

☐ Other:

For City Use Only		
Date Filed	Zoning Verification No	Assigned to